

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO 08/999663	FILING DATE 11/22/04			
						APPLICANT S1				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1			1		3		101			
2			1		3		102			
3			1		3		103			
4			1		3		104			
5			1		3		105			
6			1		1		106			
7			1	1	1		107			
8			1	1	1		108			
9			1	1	1		109			
10			1	1	1		110			
11			1	1	1		111			
12			1	1	1		112			
13			1	1	1		113			
14			1	1	1		114			
15			1	1	1		115			
16			1	1	1		116			
17			1	1	1		117			
18			1	1	1		118			
19			1	1	1		119			
20			1	1	1		120			
21			1	1	1		121			
22			1	1	1		122			
23			1	1	1		123			
24			1	1	1		124			
25			1	1	1		125			
26			1	1	1		126			
27			1	1	1		127			
28			1	1	1		128			
29			1	1	1		129			
30			1	1	1		130			
31			1	1	1		131			
32			1	1	1		132			
33			1	1	1		133			
34			1	1	1		134			
35			1	1	1		135			
36			1	1	1		136			
37			1	1	1		137			
38			1	1	1		138			
39			1	1	1		139			
40			1	1	1		140			
41			1	1	1		141			
42			1	1	1		142			
43			1	1	1		143			
44			1	1	1		144			
45			1	1	1		145			
46			1	1	1		146			
47			1	1	1		147			
48			1	1	1		148			
49			1	1	1		149			
50			1	1	1		150			
TOTAL IND.			175				TOTAL IND.			
TOTAL DEP.			39				TOTAL DEP.			
TOTAL CLAIMS			114				TOTAL CLAIMS			